Socioeconomic tips

ACS Coding Hotline: Unusual coding questions
by the Division of Advocacy and Health Policy

This column lists some questions regarding Current Procedural Terminology (CPT)* coding recently posed to the ACS Coding Hotline and the responses. As a benefit of membership in the College, ACS Fellows and their staff may consult the hotline 10 times annually without charge. If your office has coding questions, please contact the Coding Hotline at 800/227-7911 between 7:00 am and 5:00 pm Mountain Time, holidays excluded.

What is the code for accessory breast excision?

The appropriate procedure code to use is code 19120, Excision of cyst, fibroadenoma, or other benign or malignant tumor; aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, one or more lesions.

How do I code when the physician is doing a reexcision of breast tissue needing larger margins?

Use procedure code 19301–58, Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); modifier -58, Staged or related procedure or service by the same physician during the postoperative period.

The surgeon performed an ultrasound needle biopsy of the breast. How should this procedure be coded?

The following procedure codes can be used, depending on the needle biopsy device used. If the standard 12- to 18-gauge tru-cut type needle is used, then use code 19102, Biopsy of breast; continued on page 42

Around the corner

June 2007
- Economedix will hold two teleconferences this month. The first, on June 6, is Practice Marketing Strategies and Techniques. The second, on June 13, is Negotiating Better Third-Party Contracts. For more information and to register, go to http://yourmedpractice.com/ACS/.

July 2007
- For an update on the Centers for Medicare & Medicaid Services’ Physician Quality Reporting Initiative, a voluntary quality reporting program, please visit its Web site at www.cms.hhs.gov/pqri.

Surgeons who successfully report a designated set of quality measures on claims for dates of service from July 1 to December 31, 2007, will earn a bonus of up to 1.5 percent of all their Medicare billing. The bonus payments will be awarded in early 2008. The Web site currently presents a series of frequently asked questions.
- Economedix will hold two teleconferences this month. The first, on July 12, is Creating an Effective OSHA Compliance Program. The second, on July 26, is Practice Valuations... What’s Your Practice Worth?

For more information and to register, go to http://yourmedpractice.com/ACS/.
- ACS-sponsored basic and advanced coding workshops for surgeons will be presented July 12–13, 2007, in Chicago, IL.

Visit the ACS coding workshop Web page at http://www.facs.org/ahp/workshops/index.html or contact Stephanie Flynn at 312/202-5244 to register.

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percutaneous, needle core, using imaging guidance. If a vacuum-assisted rotating cutter type of device (which is increasingly employed under ultrasound guidance) is used, then use code 19103, Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance.

What modifier is used after breast surgery when a port needs to be placed for chemotherapy?

When the surgeon placed the port, use modifier -58, Staged or related procedure or service by the same physician during the postoperative period, because it is a disease process.

How do I code an excision of excess tissue in the right axillary area when there is no carcinoma or aberrant tissue?

The appropriate procedure code is 15839, Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area.

What code should be used for postoperative hemorrhage after breast surgery?

For this procedure, use code 35820, Exploration for postoperative hemorrhage, thrombosis or infection; chest.

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The Residency Assist Page of the American College of Surgeons offers a medium for program directors to acquire updates and advice on topics relevant to their needs as administrators and teachers.

Our goals are to offer practical information and approaches from summaries of published articles, invited editorials, and specific descriptions of lessons learned from program directors’ successful and not-so-successful strategies. Through the development of the Residency Assist Page, the ACS intends to support program directors and faculty by providing succinctly presented information helpful in addressing the challenges associated with administering state-of-art residency education.

www.facs.org/education/rap

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